

Financial Statement for Parents of Children in the  
Division of Family Services Alternative Care

PURPOSE:

Financial information pertaining to the parents is to be entered on Form CS-99 entitled Financial Statement for Parents of Children in the Division of Family Services Alternative Care, unless the local court has a similar form currently in place. If so, continue to use the local form. The information for this form is to be obtained from the parent(s) and recorded by the assigned worker. The form is to be completed in the interest of children for whom out-of-the-home placement is being recommended by the worker. Copies of the form are to be attached to each copy of the Social History. The Judge (and/or Commissioners) may make the order for support during the hearing, based on the information supplied on this form. Workers are to advise parents, before the hearing, that an order requiring support payments may be made at the time of the hearing. This form should also be used to report financial status changes at dispositional hearings.

The cover letter should indicate if the child will receive sufficient income from SS, SSI, VA, child support, etc., to meet the cost of foster care.

If the parent(s) will not cooperate to complete this form, documentation should appear both in the cover letter to the court and in the case narrative.

NUMBER OF COPIES AND DISTRIBUTION:

This form is to be completed for the household of each parent from whom a support payment may be ordered. If both parents live in the same household, complete only one form. One copy of each form completed should be attached to the Social History, one copy retained for files and one copy provided to the parent(s).

INSTRUCTIONS FOR COMPLETION:

Child's Name: Enter the name of the juvenile who is to be the subject of the hearing. The name should be the same name that appears on the petition.

Life No.: Enter the life number of the juvenile as it appears on the petition. (Disregard if Juvenile Court does not designate life number.)

Petition No.: Enter the petition number which pertains to the impending hearing if applicable.

Household Information: Enter the address and telephone number of

the parent(s) who is (are) giving the  
information which follows.

Father/Step;Mother/Step

Name: Enter the names of the father (stepfather) and mother (stepmother) who is giving the information or who is the spouse of the parent giving the information. Indicate the relationship of the person to the child (natural or stepparent).

SSN: Enter the appropriate social security number. This is important, if a referral must be made to SEU.

Employer: Enter the name of the agency/company or person, etc., by whom the parent is presently employed. If the parent is temporarily laid off, enter the employer from whom recall is anticipated.

How Long: Enter the approximate period of time. If the parent is laid off, enter the date of the lay off and the length of time employed before layoff.

Employer Address: (Self-explanatory)

Employer Phone: (Self-explanatory)

Occupation: Enter the type of work in which the parent is engaged.

Marital Status: (Self-explanatory)

Net Monthly Income:

Salary: Enter the salary after taxes and FICA have been deducted. Do not deduct payroll savings or insurance. If the parent is under garnishment, enter amount actually received.

Salary (Second Job): Same as above.

Unemployment Compensation: Enter full amount.

Public Assistance: Enter full amount. Indicate how much of the total is paid on behalf of this particular child.

Social Security: Same as above.

Child Support: Same as above.

Other (Source): List sources of income for which the amount is listed under other.

Combine Total: List total of all income from both parent(s)  
and/or stepparent.

Monthly Household Expenses - Basic

Rent/Mortgage: Enter the rent/mortgage payment for one dwelling  
only, e.g., lake cabin or rental property not to  
be included.

Auto: Monthly Payments.

Utilities: Enter the average monthly expenditure for one  
dwelling only. Include light, cooking/heating fuel,  
water and telephone.

Uninsured Medical: Enter on-going medical and dental expenses  
not covered by insurance, e.g., prescription  
medicine, doctor visits. The cost of  
professional counseling may also be includ-  
ed.

Life/Health Insurance: Enter the monthly cost for parents and  
dependent children only.

Child Support: Enter the monthly payments, made for children  
outside the home, which are the result of court  
ordered child support, or are made on a  
voluntary basis and can be verified in some  
manner satisfactory to the worker.

Auto Insurance: Enter the pro-rated monthly amount.

Food: Enter the number of persons x \$75.00 for parents and  
dependent children in the household.

Clothes: Enter the number of persons x \$40.00 for parents and  
dependent children in the household.

Incidentals: Enter the number of persons x \$30.00 for  
parents and dependent children in the household.

Other: Enter any other household expenses not itemized above.

Assets - Father/Mother/Step

Savings: Enter the current amount of any and all savings  
accounts in the name of the parents.

Stocks and Bonds: Enter all stocks and bonds in the name of  
the parents.

Real Estate Value: Enter the value of real property owned or  
being purchased by the parents.

Auto: Enter the purchase price of parents' automobile; and the year/make, as indicated. If more than one automobile is owned/being purchased, enter second auto under "Other".

Other: Enter any other assets not itemized above, e.g., boats, endowments, other vehicles, etc., owned by the parents.

Summary

Combined Total Income: Enter the sum as it appears under NET MONTHLY INCOME, "Combined total".

Total Basic Expenses: Enter sum as it appears under MONTHLY HOUSEHOLD EXPENSES-BASIC, "Total".

Difference: Enter the figure which is the difference between the "Combined Total Income" figure and the "Total Basic Expenses" figure and indicate plus or minus.

Note: Use the reverse side of the form for figuring (as needed); and for explanations as are deemed necessary.

Persons Giving Information: Obtain signature of parent, if possible.

Relationship to Juvenile: Enter mother, stepmother, father, stepfather.

Persons Recording Information: Self-explanatory.

Date: Enter the date form is completed.

INSTRUCTIONS FOR RETENTION:

File copies should not be destroyed.